

# NURSING HOME RESIDENT SATISFACTION:

*An Overview of Public Reporting*



Health Quality Performance Measurement



Health Quality Performance Measurement

The Office of Performance Measurement  
reports on the performance  
and quality of healthcare provided  
by healthcare facilities  
and health plans in Rhode Island.

# **Nursing Home Resident Satisfaction: An Overview of Public Reporting**

Prepared For the Rhode Island Department of Health  
By Quality Partners of Rhode Island

Gail Patry, RN, C  
Project Manager  
Quality Partners of Rhode Island

David Gifford, MD, MPH  
Chief Medical Officer/ Director of Inpatient Quality Improvement  
Quality Partners of Rhode Island

Paula Mottshaw  
Project Specialist  
Quality Partners of Rhode Island

June 2003

# **Nursing Home Resident Satisfaction Public Reporting Environmental Scan Report**

## **I. Background**

The state of Rhode Island mandated that a resident satisfaction public reporting system (The Rhode Island Health Quality Performance Measurement and Reporting Program [HQPMPR] for all licensed health care facilities to be developed and disseminated by the Rhode Island Department of Health (HEALTH). This law requires public reporting on the level of resident satisfaction that exists in all licensed nursing facilities in the state of Rhode Island.

HEALTH has contracted with Qualidigm to provide this environmental scan report which focuses on information available for collecting and reporting nursing home resident satisfaction data that will be available to nursing home (NH) residents, consumers, providers, employers, legislators and policy makers. The purpose of this document is to present information on reviews of currently available resident satisfaction information from:

- ◆ State Reporting Programs
- ◆ State and National NH Associations
- ◆ Multi-facility Corporations
- ◆ CAHPS Findings
- ◆ Rhode Island NHs

## **II. Methodology**

Quality Partners conducted an environmental scan to determine what programs and tools for measuring NH resident satisfaction already exist and to collect examples of resident satisfaction tools. We did not conduct a review of peer-reviewed literature as much of this is summarized in reports we received and reviewed. We did not contact vendors like Press Ganey who have NH resident satisfaction tools; however, we received vendor tools as a result of our environmental scan.

### **State Reporting Programs**

To research existing state reporting programs, we searched the Internet to determine (1) states that currently report resident satisfaction and (2) states that currently have legislation requiring the public reporting of resident satisfaction. When searching the Internet, we used key words including 'nursing home resident satisfaction' and 'resident satisfaction.' However, most of our information for state reporting programs came from reviewing reports received as a result of our environmental scan.

### **State and National NH Associations**

A letter was mailed to each state affiliate of the American Healthcare Association (AHCA) and the American Association of Homes and Services for the Aging (AAHSA) to collect contact

information for any association members who use satisfaction tools that the state of Rhode Island should consider. Also, we communicated with representatives from the national AHCA and AAHSA trade associations by conference call to request information.

### **Multi-facility Corporations**

On a national level, a questionnaire, introduced by a cover letter was mailed to the CEO at each of the top 50 [determined by bed size] nursing home corporations. The questionnaire was mailed to determine how many multi-facility corporations currently collect resident satisfaction information and to collect sample resident satisfaction tools.

### **CAHPS Findings**

QPRI made a general inquiry to request the NH CAHPS literature review from the Agency for Healthcare Research and Quality.

### **Rhode Island NHs**

On a state-level, QPRI conducted an environmental scan to determine how many nursing facilities currently collect resident satisfaction information and to collect sample resident satisfaction tools. A questionnaire, introduced by a cover letter, was mailed to the administrator at each nursing home in Rhode Island (N=102). To increase the nursing home response rate, QPRI followed up with the nursing homes not responding to the initial letter with a second cover letter and questionnaire.

## **III. Results of Environmental Scan**

### **State Reporting Programs**

Other than Rhode Island, we identified 2 state mandated programs in Colorado and Florida. This is new legislation and no studies have been conducted as of the writing of this report. We did find 3 states with voluntary programs in Michigan, Ohio and Vermont. This report reviews these 3 state voluntary programs. In addition, new legislation exists in Connecticut that has not yet been instituted.

Ohio, Michigan and Vermont voluntarily publicly report NH resident satisfaction information. The NHs in these states voluntarily participate in collecting resident satisfaction information that is then publicly reported by printed materials and on the Internet.

<b>State</b>	<b>What type of information was collected?</b>
Ohio	Resident Satisfaction, Family Satisfaction
Michigan	Family Satisfaction
Vermont	Resident Satisfaction

### Ohio

The Ohio legislature passed Bill 403 during the 123<sup>rd</sup> General Assembly session in 1999-2000 that required the development and publication of an Ohio Long-Term Care Consumer Guide. As stated within the law, the consumer guide includes measures of customer satisfaction regarding nursing homes. The creation of the consumer guide was mandated by Ohio legislation; however,

Ohio nursing homes were not required to participate. The Ohio Department of Aging (ODA) was charged with the task of developing this guide.

This was the first study of resident satisfaction completed on a statewide basis in Ohio. As a result of the ODA issuing a request for proposal (RFP), Vital Research was awarded the contract. The ODA and Vital Research worked together to devise a methodology. The core questions were developed and tested by The Scripps Gerontology Center at Miami University. A section of the Ohio Bill 403 required the questionnaire to gather specific information (age, gender and whether the resident had anyone assist them in completion of the interview). Trained and monitored interviewers administered the questionnaires with face-to-face interviews.

The nursing homes had the task of determining resident eligibility to be interviewed. Exclusion criteria:

- ◆ Using the Minimum Data Set (MDS), all residents who are
  - ◆ Comatose
  - ◆ Severely impaired in decision-making
  - ◆ Unable to recall any of the items on the memory/recall portion of the MDS
- ◆ Any residents whose guardians requested that the resident not be approached for participation.

Interviews were conducted in private by trained interviewers. These interviewers did not include any nursing home staff. The questionnaire contained 49 questions that were formatted as a scannable form. The format for the questionnaires utilized a likert scale

Always=1      Sometimes=2      Hardly ever=3      Never=4      N/A=5

ODA provided a list of all nursing homes to Vital Research. After cleaning the database, Vital Research identified 956 homes with 94,063 beds in the state. Of the 956 homes, 869 volunteered to participate. Of the 32,625 eligible residents within the 869 homes, 20,859 were approached for an interview; and, 18,841 residents were able to contribute, a resident participation rate of 90%.

	<b>Frequency</b>
Participating Facilities	869
Eligible Residents	32,625
Approached Residents	20,859
Refused Interviews	1,230
Interviews Started	18,841
Interviews with Assistance*	62
Completed Interviews	18,560
Incomplete Interviews	281
• Incomplete due to fatigue	35
• Incomplete due to inability to respond	131
• Incomplete due to refusal to continue	74
• Incomplete due to necessary clinical care	4
• Incomplete due to resident illness	12
• Incomplete due to other reason	13

\*Assistance was in all but a few cases a family member.

At the time this report was written, the approximate cost of Ohio's resident satisfaction project was unavailable. See *Appendix 1* for more information on Ohio Internet public reporting of satisfaction information.

### Michigan

The state of Michigan performed a statewide customer satisfaction study in 2000 by collecting family satisfaction information. The study was done by Great Lakes Marketing of Toledo Ohio on behalf of Health Care Association of Michigan. All nursing homes in the state were invited to participate of which 280 (63%) of all NHs accepted the invitation. A written satisfaction questionnaire, developed as part of a pilot study in 1996 with a sample of 50 Michigan nursing homes, was mailed by an outside marketing organization to the family members or responsible parties of every resident in the 280 NHs at the time of the study. Between April and October of 2000, more than 26,000 individual questionnaires were mailed out; 12,807 completed questionnaires were returned (response rate=48%). See *Appendix 2* for how Michigan reports resident satisfaction results.

### Vermont

In collaboration with the Department of Aging and Disabilities, the Vermont Association of Hospitals along with the Health Systems and the Vermont Health Care Association administered a nursing home resident satisfaction questionnaire. Vermont nursing homes were asked to voluntarily participate in the study. The residents from the volunteer nursing homes received questionnaires. Short term and rehabilitation residents received questionnaires immediately following discharge, and long-term residents were questioned at least once during the year. In order to have meaningful data, a facility had to have at least 30 resident questionnaires returned or 50% of those mailed. The facilities unable to meet those criteria are not included in the report.

Residents received a questionnaire form from the facility with questions regarding their satisfaction with care and services. Resident responses are scored from very poor to very good. For each participating nursing home, an overall score is calculated as the average of all section scores as well as an individual NH score for each category of questions. Results are available on the Internet at the State of Vermont Agency of Human Services Department of Aging and Disabilities. See *Appendix 3* for how Vermont reports resident satisfaction results.

### **State and National NH Associations**

As a result of the letter mailed to each state affiliate of AHCA and AAHSA requesting resident satisfaction information, we received information from 10 different organizations. These state organizations provided us with contact information for organizations that collect resident satisfaction. See *Appendix 4* for a summary of responses. At the writing of this report, we have not contacted these organizations. Instead, the concentration is on information and research already received from other sources.

We received a response from AHCA, as well as AHCA's Rhode Island affiliate, which provided us with research conducted by an expert in the nursing home setting. Dr. V. Tellis-Nayak was commissioned by AHCA to provide an analysis of resident satisfaction questionnaires for nursing home residents and families. This report has resulted in general considerations to be mindful of when creating and analyzing a resident satisfaction tool.

- ◆ A clear purpose should be determined for the data collection. Only information directly related to the purpose should be collected.
- ◆ The types of people who complete the questionnaire need to be identified. The questionnaire should be written to address this specific, identified audience. The audience may be families or guardians, current residents, new admits and recently discharged.
- ◆ Some customer satisfaction instruments are designed for families, guardians or friends of the resident; others are designed for residents. Some are flexible enough to accommodate families and residents. Responses to a question given by residents can differ by a few points when someone assists, or responds on a resident's behalf.
- ◆ Questionnaires should be short and simple in design.
- ◆ The designers of the questionnaire need to be aware of what will affect response rates or skew results, including the timing of the questionnaire, place where it takes place who gives out the questionnaire and who assists the respondents in answering the questions.
- ◆ Identified audience should be considered when designing content and format. Questions should be designed for the intended audience and contain only one clearly stated concept. The format should be consistent and easily understood.
- ◆ Contents of a questionnaire should include the following:
  - 1) Cover letter
    - The cover letter should be brief and contain direct sentences containing no nursing home jargon. The letter should explain why the questionnaire is being administered, how results will be used, and why it's important to respond. The letter should address the confidentiality of the information that is being collected along with how results will be available to the participants and the name and contact information of a responsible person who would be able to answer questions about the program.
  - 2) The order of the questions
    - The first questions should peak the interest of the participant, but the questions should not be threatening or invoke strong emotions.
    - Demographic and background questions should be at the end of the questionnaire. Universal categories should be used whenever possible.
  - 3) Format
    - Some instruments ask if you agree on an item, which they describe in full sentences, others describe it in only words or phrases. Some ask if you agree, some ask if you are satisfied, some ask you to grade; still others inquire how frequently you feel that way. Examples include the following:

Satisfaction

Very dissatisfied; dissatisfied; neither satisfied nor dissatisfied; satisfied, very satisfied

Agreement

Strongly disagree; disagree; neither agree nor disagree; agree; strongly agree

Evaluation

Very poor; poor; average; good; excellent

Very good —————> very poor  
4            3            2            1            0



### Rating

Fell far below expectation; fell below expectation; met expectation;  
exceeded expectation; greatly exceeded expectation

### Improvement needed

No improvement needed; some improvement needed; great deal  
improvement needed

### Frequency

Never; rarely; sometimes; most of the time; all of the time

- Research has not shown which format gets the most valid data, nor how similar are the results derived from different formats.
  - Responses in a 3- or 4- point scale convey the same basic message, but not the same detail. 2-point and 4-point scales force you to take a positive or negative state (e.g. agree or disagree). 3- or 5-point scales allow you to stay neutral (e.g. neither agree nor disagree).
  - The “no opinion” category skews the results. There is evidence that an average nursing home’s satisfaction score will suffer if you offer the “no opinion” option.
  - These 5 response categories (“strongly disagree” to “strongly agree”) are among the most commonly used and practical.
  - Nursing home satisfaction surveys have common themes, domains and concepts. However, they overlap very little in wording, formats, and scales.
  - Even if different questions on “overall satisfaction” and “recommendation” get the same responses, comparison becomes difficult, if not impossible, if the responses differ in type and scales.
- ◆ A consistent method of administering the questionnaire needs to be chosen.
  - ◆ Administration of questionnaires should remain scientific in nature. Core questions and issues have been identified and tested. These should be included in newly created satisfaction tools.
  - ◆ Identified core issues and questions are listed here:
    - 1) A summary assessment of quality of life:  
The friendly, homelike atmosphere of this nursing home.  
The dignity and respect with which I am treated.  
Rationale: quality of life (choice, dignity, friendship, meaning, individuality, security, etc.) the most important thing to residents and families.
    - 2) A summary assessment of care giving and services:  
The care I receive (nursing, medical, therapy, etc.)  
The services they provide here.  
Rationale: Care issues are central to the CMS Quality Measures. Services are important to families.
    - 3) A summary judgment of staffing:  
The way staff attends to my needs.
    - 4) A summary assessment of the nursing home:  
Overall, I am satisfied with this nursing home.  
I would recommend this nursing home to others.  
Rationale: Research demonstrates that the above two questions are the best predictors of nursing home quality.

- ◆ See *Appendix 5* for a complete list of tested questions.
- ◆ Newly created questionnaires should go through pilot testing before general use.
- ◆ Results need to be reported. Results should be communicated to the participants.

### **Multi-facility Corporations**

A questionnaire similar to the tool used for Rhode Island nursing facilities, introduced by a cover letter, was mailed to the CEO at each of the top 50 [determined by bed size] nursing corporations to request sample resident satisfaction tools. Responses were received from 9 organizations: Athena, CT; Autumn Corporation, NC; Extendicare Health Services Inc. (WI), Evangelical Lutheran Good Samaritan Society (SD), Genesis Health Ventures (PA), Harborside Healthcare (MA), Mariner Health Care (GA), National Healthcare Corporation (TN) and Sun Healthcare Group (NM). All of the 9 responding organizations (100% of respondents) have nursing homes that collect resident satisfaction.

#### **Results of questionnaire:**

- ◆ 44% (4 out of 9 of respondents) did not use a different questionnaire for different types of residents
- ◆ 78% ( 7 out of out 9 respondents) use a tool created at the corporate level
- ◆ 67% (6 out of 9 respondents) did not provide questionnaires in a language besides English
- ◆ Resident satisfaction questionnaires are completed by different types of residents.
  - ◆ 89% (8 out of 9 respondents) distribute questionnaires to current residents
  - ◆ 33% (3 out of 9 respondents) distribute questionnaires to discharged residents
  - ◆ 89% (8 out of 9 respondents) distribute questionnaires to family members
  - ◆ 33% (3 out of 9 respondents) do not distribute questionnaires to families of residents who have died
- ◆ 78% (7 out of 9 respondents) distribute questionnaires to all residents & family members
- ◆ 78% (7 out of 9 respondents) distribute questionnaires annually
- ◆ The response rates varied among respondents from a low of 20% to a high of 55%.
- ◆ 89% (8 out of 9 respondents) administer questionnaires by mail; while 22% (2 out of 9 respondents) administer questionnaires in person.
- ◆ 56% (5 out of 9 respondents) do not use an outside service to collect resident satisfaction information
- ◆ Nursing home corporations use resident satisfaction information in a variety of ways:
  - ◆ Part of a quality improvement program 89% (8 out of 9 respondents)
  - ◆ Feedback to staff - 67% (6 out of 9 respondents)
  - ◆ Report to board of directors - 56% (5 out of 9 respondents)
  - ◆ Marketing - 56% (5 out of 9 respondents)

### **CAHPS Findings**

#### Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality (AHRQ) has developed some general recommendations when creating new questionnaires as well as an overview of satisfaction questionnaires already in use by various organizations.

When creating questions, some general recommendations to consider include: (1) Use short sentences so even residents with failing working memory capacity can remember the entire statement, (2) avoid use of conditional phrases, (3) use simple words that are easy to understand and hear, limit or do not use reference periods, and (4) use short or yes/no response scales. All studies of nursing home residents described in the literature have used face-to-face interviewing. For a variety of reasons, in-person interviewing seems the only desirable mode for interviewing nursing home residents. Cognitive and mental health problems would be more problematic for mail or telephone interviewing than face-to-face. Many residents have hearing and/or sight limitations that would not allow them to respond in writing or over the telephone. Family members were unable to provide accurate surrogate data for residents. The one drawback of face-to-face interviewing is the potential cost. For interviews of short-stay nursing home residents, in-person interviews may not be practical.

AHRQ provided general overview of resident satisfaction questionnaires used by various organizations.

- ◆ Zinn et al. (1993), Nursing Home Resident Satisfaction Survey (NHRSS)  
The NHRSS was a pilot study to measure resident satisfaction and was supported by a grant from the Robert Wood Johnson Foundation.  
Mode: in person interviews  
Cognitive Screen: Nursing home residents who have the ability to respond orally in English  
Response scale: Yes/No; very Good, Good, OK, Not so Good  
Length: 11 questions
- ◆ American Health Care Association Satisfaction Assessment Questionnaire  
Mode: In-person for residents and by mail for family members  
Cognitive Screen: Not known  
Response scale: Excellent, Very Good, Good, Fair, Poor  
Length: more than 100 questions
- ◆ Ohio Healthcare Association  
Mode: Mail or phone for short-term residents who are interviewed post discharge; in-person for long-term care  
Cognitive Screen: Use MDS data to screen for those who are cognitively aware  
Response scale: Yes/No; and Very Satisfied, Satisfied, Dissatisfied, and Very Dissatisfied  
Length: 21 questions
- ◆ Davis et al. (1997), Nursing Home Service Quality Inventory  
Mode: In-person interviews  
Cognitive Screen: Residents with a score lower than 22 on the mini-mental status examination were dropped  
Response scale: Excellent, satisfaction scales  
Length: 32 questions

- ◆ Resident Experience and Assessment of Life  
Mode: In-person for residents and mail for family members  
Cognitive Screen: None  
Response scale: Yes/No  
Length: 42 questions
- ◆ Measures, Indicators, and Improvement of Quality of Life in Nursing Homes [under development at the writing of the original report]  
Mode: In-person for residents and mail for family members  
Cognitive Screen: None  
Response scale: Likert scale and Yes/No for residents who cannot handle the Likert scale  
Length: 140 questions

### **Rhode Island Nursing Homes**

From the 72 nursing homes that responded, 56 nursing homes (78% of total respondents) collect resident satisfaction information and 14 nursing homes (19% of total respondents) do not, while 2 nursing homes are currently developing programs. See *Appendix 6* for detailed information. See *Appendix 7* for a sample questionnaire that was mailed to nursing facilities.

#### Results of questionnaire:

- ◆ 71% of respondents did not use a different questionnaire for different types of residents
- ◆ 68% of respondents use a tool created by the individual nursing home, while 20% of respondents use a tool created at the corporate level.
- ◆ 89% of respondents did not provide questionnaires in a language other than English
- ◆ Resident satisfaction questionnaires are completed by different types of residents.
  - ◆ 59% of respondents distribute questionnaires to current residents
  - ◆ 54% of respondents distribute questionnaires to discharged residents
  - ◆ 71% of respondents distribute questionnaires to family members
  - ◆ 23% of respondents do not distribute questionnaires to families of residents who have died
- ◆ 82% of nursing homes distribute questionnaires to all residents & family members, while 13% of nursing homes distribute questionnaires to some residents & family members.
- ◆ 50% of respondents distribute questionnaires annually
- ◆ Nursing homes employ different methods for the administration of questionnaires:
  - ◆ 79% of respondents administered by mail.
  - ◆ 25% of respondents administered in person
  - ◆ 9% of respondents administered by telephone
- ◆ 94% of respondents do not use an outside service to collect resident satisfaction information
- ◆ Nursing homes use resident satisfaction information in a variety of ways, including as part of a quality improvement program (88% of respondents) and feedback to staff (84% of respondents)

## V. Conclusion

### **Findings**

In analyzing the questionnaires completed by Rhode Island NHs and multi-facility corporations, we now know that most NHs already collect resident satisfaction data and use the data in different ways including as part of a quality improvement program and feedback to staff. Most individual RI NHs use a questionnaire developed by the individual NH (68%). Many Rhode Island NHs shared their current tools with us. In reviewing the tools, we noticed that the tools have the same basic categories of questions; however, the manner in which the questions are asked and answers are recorded are vastly different from one another. No standard tool seems to exist. NHs usually include all residents [rather than a sample] when collecting information. The vast majority of NHs administer the questionnaire by mail; and at least 50% of NHs collect this information annually.

### **Quality Partners Recommendations**

As a result of reviewing the information presented in this report, Quality Partners presents these recommendations to HEALTH.

- 1) Since there are no preferred ready-to-use tools that would allow comparison among RI NHs, we suggest the selection or modification of 2 tools to measure satisfaction-- one for resident satisfaction and the other for family satisfaction.
- 2) Criteria identified by experts should be used when selecting or modifying the tools. For example, the tools should contain simple, common domains. Specific detail is not helpful.
- 3) NH Measures Committee members should discuss the possibility of selecting a vendor or doing the work ourselves.
- 4) Administration of the questionnaire should be consistent among all facilities. Family members are not appropriate to complete resident satisfaction questionnaires as this skews results. Consideration needs to be given as to the best administration methods.
- 5) Barriers exist surrounding interviewing residents having dementia diagnoses. One possible solution is to create a family satisfaction questionnaire that the family would complete.

**After careful review of this report, the Nursing Home Subcommittee recommended these immediate next steps:**

- 1) Draft and finalize the request for proposal (RFP)
- 2) Select a vendor

## Resources

This is a listing of all reports received by Quality Partners as a result of the environmental scan.

- 1) Creating Satisfaction-Based Consumer Guide: A Handbook for AHCA State Affiliates**  
Prepared by the AHCA Quality Improvement Subcommittee  
July 2002
- 2) Consumer Satisfaction in Long-Term Care: State Initiatives in Nursing Homes and Assisted Living Facilities**  
Prepared by Institute for Health, Health Care Policy, and Aging Research, Rutgers University and RAND
- 3) Implementation of Ohio Nursing Home Resident Satisfaction Survey**  
Prepared by Vital Research, LLC  
Prepared for The Ohio Department of Aging, July 2002
- 4) In Search of a Universal Survey Tool**  
An Analysis of Satisfaction Survey Instruments for Nursing Home Resident, Family and Staff  
Prepared by V. Tellis Nayak, Ph.D.  
Submitted to American Health Care Association August 15, 2001
- 5) Nursing Home Quality: A National Overview of Public Reporting Programs**  
Prepared by: Rhode Island Quality Partners, January 2002  
Prepared for the Rhode Island Department of Health
- 6) Resident Experience With Nursing Home Care: A Literature Review**  
Prepared by: W. Sherman Edwards, Priyanthi Silva and Vasudha Narayanan  
Submitted to: Agency for Healthcare Research and Quality  
Submitted by: Westat, July 2000

## Appendix 1



# COME TO THE STATE OF OHIO LONG-TERM CARE CONSUMER GUIDE

## Customer Satisfaction Surveys

### ONLINE SERVICES:

home

home care  
information

nursing home  
care and  
search

residential  
care  
information

helpful  
terms

related web  
sites

site map

contact  
consumer  
guide

***FAMILY MEMBER SATISFACTION SURVEY:*** The Department of Aging, through an independent contractor, conducts an annual survey of the family members of nursing home residents to determine the family members' satisfaction with the services provided by the nursing home. Survey response data currently on the consumer Guide resulted from the survey conducted in the fall of 2001.

There is no single overall score on the satisfaction survey. Each question is scored individually. There is also a score for each domain or group of similar / related questions. The range of possible scores is 0 to 100. A higher score indicates a higher degree of satisfaction amongst those who responded to the survey. Scores were calculated by giving the response categories of "always," "sometimes," "hardly ever" and "never" a point value equal-distant between 0 and 100. The point values are added and the total is divided by the number of responses to the question. NOTE: No point value was assigned to the responses of "don't know" or "not applicable" and responses of "don't know" or "not applicable" were not counted for the purpose of calculating the scores. The confidence interval used in this survey is + or - 10%.

***RESIDENT SATISFACTION SURVEY:*** The Department of Aging, through an independent contractor, conducts an annual survey of the residents of nursing homes to determine the residents' satisfaction with the services provided by the nursing home. Face-to-face interviews of nursing home residents began February 2, 2002. It is estimated that it will take 18 weeks to complete interviews in each nursing home throughout the state. Up to 50,000 interviews may be attempted in order to meet the goal of approximately 32,000

disclaimer

privacy  
policy

completed interviews. The results of the resident satisfaction interviews will be presented on the web site in the summer of 2002.

Resident satisfaction questions mirror those asked of family members and will be scored in the same manner as described above for the Family Member Satisfaction Survey.

## Department of Health Annual Inspection Information

If a nursing home does not meet a requirement a deficiency may be cited. The web site includes data from the annual or standard survey of each nursing home in Ohio. The data on the web site is provided by the Ohio Department of Health (ODH), the state agency responsible for regulating nursing homes. ODH provides the Consumer Guide with an updated file every week. This data is then loaded onto the Consumer Guide within one week of receipt from ODH.

***Important Notice and Disclaimer:*** The Department of Health may make other visits to nursing homes to evaluate complaints about the operations of a home between annual surveys. The reports of these complaint visits are not currently shown on the web site. Conditions in a nursing home may change quickly. You are encouraged to visit any nursing home you are considering for services.

***Number of Citations:*** Regulations the Department of Health has cited as unmet 10 or more times in a year are included in the list of citations used for displaying information on the web site.

***Percent of Compliance:*** The rate of nursing home compliance with the regulations. The calculation is based upon those regulations cited as unmet 10 or more times in a year.

***Plan of Correction or Facility Response to a Department of Health Visit:*** If the Department of Health determines that a nursing home has not met operational requirements, the nursing home may be required to develop a plan of correction. The Consumer Guide provides each nursing home the opportunity to include the Plan of Correction submitted to the Department of Health or to make a









statement regarding the Department of Health inspection report.

[Back To HomePage](#)

[Back to Refine Search](#)

[Printer Friendly Version](#)

Survey											
Click to remove below	Name of Facility (Click on name for more information)	Family Survey <a href="#">More...</a>		Resident Survey <a href="#">More...</a>		Click on date below to view the inspection report and facility response.	Most Recent Certification Data <a href="#">Descript</a> <i>Disclaimer: Surveys of nursing facilities are conducted at intervals. Conditions at a facility can change between surveys. Consumers considering nursing facilities are encouraged to visit any nursing facility the</i>				
		Would you recommend this Facility to others?	Overall, are you satisfied with care?	Would you recommend this Facility to others?	Overall, are you satisfied with care?		Facility		District Average		
		Score	Score	Score	Score		Date of Latest Inspection	# of Citations	% Compliance	# of Citations	% Complian
	<a href="#">arcadia nursing center</a>	90.7	90.7	100	100	<a href="#">11/21/2002</a>	4	95.7	4.8	94.8	
	<a href="#">hickory creek of athens</a>	82.5	86.1	71.4	89.6	<a href="#">02/22/2003</a>	4	95.7	4.8	94.8	
	<a href="#">kimes convalescent center ltd</a>	77.9	81.7	93.4	100	<a href="#">12/05/2002</a>	4	95.7	4.8	94.8	
	<a href="#">russell nursing home</a>	93.4	86.8	100	100	<a href="#">11/21/2002</a>	2	97.9	4.8	94.8	

Statewide Average	88.7	89.3	87.8	91.8		5.1	94.5	Substandard Quality of Care Jeopardy are determined by the Health based upon the number of how widespread the problem is homes may quickly become Click on the survey to view of the problem and
Statewide Low	25	33	40.6	61.3		0	56.4	
Statewide High	100	100	100.0	100.0		41	100	

Remove

Click This button to remove the selected items

There are currently 4 record(s) in your search.

Ohio Dept. of Aging 50 West Broad St, 9th floor Columbus, Ohio 43215-3363

Phone: (614)466-5500 Fax: (614)466-5741

Click on one of the Questions below to Continue:

**Activities**

- [Are the facility activities things that the resident likes to do?](#)
- [Does the activities staff treat the resident with respect?](#)
- [Does the resident have enough to do in the facility?](#)
- [Is the resident satisfied with the spiritual activities in the facility?](#)
- [Overall, are you satisfied with the activities in the facility?](#)

**Administration**

- [Does the administration treat the resident with respect?](#)
- [Does the administration treat you with respect?](#)
- [Is the administration available to talk with you?](#)
- [Overall, are you satisfied with the administration here?](#)

**Admissions**

- [Did the staff adequately address your questions about how to pay for care \(private pay, Medicare, Medicaid\)?](#)
- [Did the staff give you clear information about the daily rate?](#)
- [Did the staff provide you with adequate information about any additional charges?](#)
- [Did the staff provide you with adequate information about the different services in the facility?](#)
- [Overall, were you satisfied with the admission process?](#)

**Choice**

- [Can the resident bring in belongings that make his/her room feel homelike?](#)
- [Can the resident choose the clothes that he/she wears?](#)
- [Can the resident go to bed when he/she likes?](#)
- [Does the staff leave the resident alone if he/she doesn't want to do anything?](#)
- [Does the staff let the resident do the things he/she wants to do for himself/herself?](#)

**Direct Care**

- [Are the nurse aides gentle when they take care of the resident?](#)
- [Do the nurse aides treat the resident with respect?](#)
- [Does a staff person check on the resident to see if he/she is comfortable \(asks if he/she needs a blanket, needs a drink, needs a change in position\)?](#)
- [Does the resident look well- groomed and cared for?](#)
- [During the evening and night, is a staff person available to help](#)

the resident if he/she needs it (get a blanket, get a drink, needs a change in position)?

During the week, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?

During the weekends, is a staff person available to help the resident if he/she needs it (help getting dressed, help getting things)?

Overall, are you satisfied with the nurse aides who care for the resident?

## **Environment**

Are the resident's belongings safe in the facility?

Are there enough comfortable places for residents to sit outdoors?

Are you satisfied with the resident's room?

Are you satisfied with the safety and security of this facility?

Can you find places to talk with the resident in private?

Does the facility seem homelike?

Is the facility clean enough?

## **General Satisfaction**

Are there times when you are upset by the staff?

Are you satisfied with the medical care in the facility?

Do you get adequate information from the staff about the resident's medical condition and treatment?

Does the staff know the resident's likes and dislikes?

Overall, are you satisfied with the quality of care the resident gets in this facility?

Would you recommend this facility to a family member or friend?

## **Laundry**

Do the resident's clothes get damaged in the laundry?

Do the resident's clothes get lost in the laundry?

## **Meals & Dining**

Are foods served at the right temperature (cold foods cold, hot foods hot)?

Can the resident get the foods he/she likes?

Does the resident get enough to eat?

Does the resident think that the food is tasty?

Overall, are you satisfied with the food in the facility?

## **Noise**

Are the public areas (dining room, halls) quiet enough?

[Is the resident's room quiet enough?](#)

**Professional Nurses**

[Do the Registered Nurses and Licensed Practical Nurses \(RNs and LPNs\) follow-up and respond quickly to your concerns?](#)

[Overall, are you satisfied with the quality of the RNs and LPNs in the facility?](#)

**Receptionist/Phone**

[Are the telephone calls processed in an efficient manner?](#)

[Is the receptionist helpful and polite?](#)

**Social Services**

[Does the social worker follow-up and respond quickly to your concerns?](#)

[Does the social worker treat the resident with respect?](#)

[Does the social worker treat you with respect?](#)

[Overall, are you satisfied with the quality of the social workers in the facility?](#)

**Therapy**

[Does the physical and/or occupational therapist spend enough time with the resident?](#)

[Overall, are you satisfied with the care provided by the therapists in the facility?](#)

[Back to Survey Results](#)

## Family Satisfaction Survey (Subjects and Questions)

## [Overview of Survey Process and Scoring](#)



Subject:

**General**

**Satisfaction**

Choose From List



Question:

**Would you recommend this facility to a family member or friend?**

Click on the score or response numbers to get a complete report on all questions and domains for the facility. Three easy print reports are available: questions scores, response frequencies and domain scores. Reports may take a minute. Please be patient while the reports are prepared.

Sort Question Results By:



Facility



Overall-Score

Facility	Question		Entire Subject Area		Do Scores Represent All Family Surveys? (accuracy within +/- 10%)
	Overall Score	Number of Responses	Overall Score	Number of Responses	
<a href="#">arcadia nursing center</a>	<a href="#">90.7</a>	<a href="#">25</a>	<a href="#">85.7</a>	149	
Yes					
<a href="#">hickory creek of athens</a>	<a href="#">82.5</a>	<a href="#">19</a>	<a href="#">77.8</a>	112	
No					
<a href="#">kimes convalescent center ltd</a>	<a href="#">77.9</a>	<a href="#">9</a>	<a href="#">74.7</a>	50	
No					
<a href="#">russell nursing home</a>	<a href="#">93.4</a>	<a href="#">5</a>	<a href="#">85.6</a>	30	
No					
Statewide Average	90.5	28.1	79.3	132.1	
Statewide Low	63.2	1	27.7	1	
Statewide High	100	17	100	2	

## Appendix 2



**HCAM** Health Care  
Association of Michigan

*... putting the pieces together*

homepage  
.com

THE PUL  
THE HCA  
THE CON

CURRENT NEWS ITEMS  
EDUCATION  
CHOOSING A HOME  
FINANCING CARE  
LONG TERM CARE  
BUYING INSURANCE  
GOV. FUNDED LTC  
EMAIL HCAM  
CONVENTION & EXHIBITS  
HOME

[www.HCAM.org](http://www.HCAM.org)  
P.O. BOX 80050  
LANSING, MI 48908  
Ph: 517.627.1561  
Fx: 517.627.3016  
E: [info@HCAM.org](mailto:info@HCAM.org)

1999-2003 © HCAM  
Database Designs by:

### Satisfaction Study Methodology

The family satisfaction scores are drawn from the results of a statewide study of the satisfaction level of family members of Michigan nursing home residents. The study was done by Great Lakes Marketing of Toledo, Ohio on behalf of the three sponsoring trade associations.

The study was performed between February and October of 2002. Invitations to participate were extended to every nursing home in the State of Michigan. Three hundred and fifteen Michigan Nursing Homes (about 72 percent of all homes in the state) participated in the study, allowing Great Lakes Marketing to send a written satisfaction survey to the family members or "responsible parties" of every resident in their care at the time they participated.

The instrument used was originally developed for a pilot study done in 1996 with a random sample of 50 Michigan nursing homes. To develop the survey instrument, Great Lakes Marketing researchers performed phone interviews with about 300 Michigan residents with a loved one in a Michigan nursing home. These interviews with family members focused on determining what factors customers think are important in defining quality care. Based on the feedback of these families, Great Lakes Marketing crafted a survey tool that measures customer satisfaction level with elements of care that customers deem important.

A copy of that tool follows this summary.

#### 2002 Aggregate Results

The aggregate results of the survey performed in 2002 follows

- A total of 315 homes participated in the survey.
- Over 28,000 individual surveys were sent out between February and October, 2002. Almost 13,500 completed surveys were returned to Great Lakes Marketing. This accounts for an overall response rate of 46%.
- 90% of consumers reported being satisfied with the care their loved ones were receiving in Michigan nursing homes.
- Smaller homes tended to have relatively higher satisfaction rates compared to large homes.
- Homes in the Upper Peninsula tended to score highest with an average of 95.4% and homes in southeastern Michigan tended to score lowest with an average of 86.1%

The results of the 2002 statewide study tracked very closely with the results of the smaller study, performed in 1996 and the statewide studies performed in 1998 and 2000. Information about all four studies is available upon request by calling (517) 627-1561.



## Michigan Consumer Guide to Nursing Homes

2 Total Records Found - Displaying 1 - 2

Facility in Baraga County	Facility Type	Services	Payments Accepted	*Regulatory Information	**Family Willingness to Recommend	***Family Satisfaction
<b>Baraga County Memorial Hospital LTCU</b> 770 N. Main Street L'Anse, MI 49946 906-524-3300  NH Beds: 28	Skilled Nursing	Skilled Nursing Care	Medicaid, Medicare, Private Pay, Some Private Insurances	1999 Guide - 0 Cites  2001 Guide - 0 Cites  2003 Guide - 6 Cites (8/14/2002) 1-B,1-D,3-E,1-F	Year    %    State Avg.  2002 100%    96%	Year    %    State Avg.  1998 100%    85% 2000 100%    89% 2002 100%    90%  <hr/> 59% of families at this facility responded to the 2002 survey. The state average is 46%
More Serious Citations are in Bold Type. For more details <a href="#">click here</a> .						

Facility in Baraga County	Facility Type	Services	Payments Accepted	*Regulatory Information	**Family Willingness to Recommend	***Family Satisfaction
<b>Bayside Village</b> 832 Sicotte Street L'Anse, MI 49946 906-524-6531  NH Beds: 59	Non Profit, Skilled Nursing	Skilled Nursing Care	Medicaid, Medicare, Private Pay, Some Private Insurances	1999 Guide - 0 Cites  2001 Guide - 7 Cites  2003 Guide - 3 Cites (12/19/2001) 1-D,2-E	Year    %    State Avg.  2002 100%    96%	Year    %    State Avg.  1998 96.6%    85% 2000 100%    89% 2002 97%    90%  <hr/> 57% of families at this facility responded to the 2002 survey. The state average is 46%

---

\* This box provides the number of citations (rule violations noticed by inspectors) during the home's most recent unannounced annual state inspection. The number of citations and the seriousness of the citations are also indicated. Seriousness goes from an "A" (least serious) to "L" (most serious). For more information, visit the following website: [www.Medicare.gov](http://www.Medicare.gov)

\*\* The information in the "Willingness" box was NOT self-reported by homes. It was determined by an independent research firm that collected and analyzed surveys from families who have a loved one in the facility. The percentage listed represents those respondents who indicated they would recommend the facility to others. The calculation does not include those who were unsure or chose not answer the question. Some facilities did not participate in the family satisfaction study. This field will list an "N/A" if they chose not to participate.

The date of the inspection was the last annual survey as of November 1, 2002. Survey information for the past five years is available by law (S333.2782) from the facility. Simply ask to see the surveys.

\*\*\* For More on Satisfaction scores [Click Here](#)

---

## Appendix 3



State of Vermont

Agency of Human Services

Department of Aging and Disabilities

### NURSING HOME RESIDENT SATISFACTION SURVEY

#### Introduction:

In collaboration with the Department of Aging and Disabilities, the Vermont Association of Hospitals and Health Systems and the Vermont Health Care Association administered a state wide nursing home resident satisfaction survey.

Short term and rehabilitation residents were surveyed immediately following discharge or as quickly as information was supplied by the facilities. Long term residents were surveyed at least once during the year. In order to have meaningful data, a facility must have at least 30 resident surveys returned or 50% of those mailed. Several facilities were unable to meet that criteria and are not included in the reports. Some other facilities have signed contracts with the survey agency but for various reasons have not been able to coordinate their data. These facilities will participate in the future reporting periods. Three of Vermont nursing homes do not participate because the facilities do not participate in the Medicaid funds and state funds were not available to cover the costs of the survey.

Vermont nursing homes and the Department of Aging and Disabilities want consumers to be informed about the quality of care in nursing homes. With that in mind, Vermont nursing homes have voluntarily conducted a statewide resident satisfaction survey. Residents' responses are confidential and only the aggregate answers are tabulated.

The current information posted represents the results from the most recent survey/or the latest information available for that facility. The survey is a work in progress. As time goes on, more nursing homes will be able to provide more information that will help the consumer understand and appreciate the quality of care and the quality of caring that Vermont nursing homes provide.

[Nursing Home Resident Satisfaction Survey Home Page](#)

[Nursing Home Resident Satisfaction Survey Results](#)

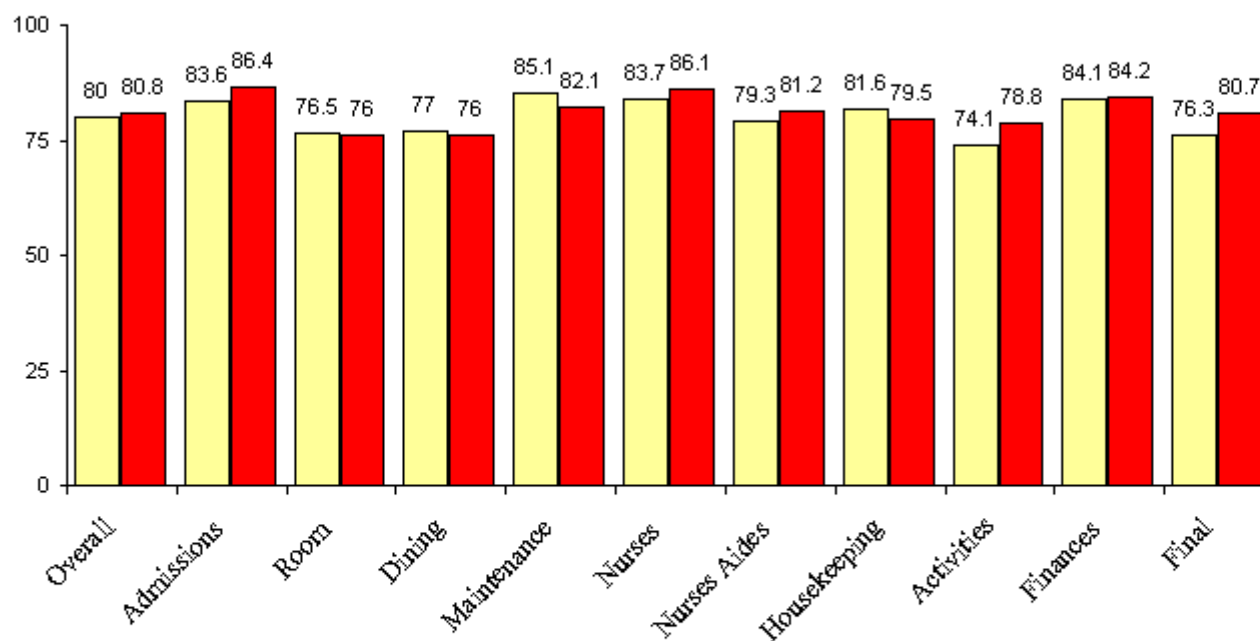
Admissions	Residents were asked to grade the courtesy of staff and the explanation of rights, responsibilities and services
Room	Residents were asked to grade the noise level, cleanliness and if things like lights, sink, television, etc. were operational.
Dining	Residents were asked to grade the variety and quality of food as well as special diet needs. Residents were also asked about the cleanliness of the area and respect of the dining staff.
Maintenance	Residents were asked to grade the courtesy and skill of the maintenance staff and well as the promptness in responding to issues.
Nurses	Residents were asked to grade the friendliness and skill of the nurses. They were also asked about the nurses' ability to explain care procedures and their responsiveness to concerns and ideas and if they were treated with dignity.
Nurses Aides	Residents were asked to grade the friendliness, skill and responsiveness of the LNAs. They were also asked about the aides' ability to explain care procedures and their responsiveness to concerns and ideas and if they were treated with dignity.
Housekeeping	Residents were asked to grade the courtesy, skill and quality of housekeeping and laundry services as well as odor control in the facility.
Activities	Residents were asked to grade the variety of recreational, educational and religious activities as well as the staff's responsiveness to residents' ideas.
Finances	Residents were asked to grade the friendliness of the business office and if explanations of fees and procedures were appropriate and correct.
Final	Residents were asked to grade the availability of doctor, treatment of visitors, security of building and likelihood of recommending the facility.

**Bennington Health & Rehab Center**  
**Resident Satisfaction Survey Scores Compared to Vermont State Average Scores**

FACILITY

09/1/2000-02/28/2001

Bennington  
 VT Statewide Avg



## Appendix 4

### Results of Environmental Scan: State Associations

In a letter to national associations, Quality Partners requested the associations to submit names of their members or other organizations known to them who currently collect resident satisfaction information. These organizations could be contacted in the future to request further information.

**Table 1.** Sorted by nursing home name

Association - Reponded to Inquiry	Submitted Organization Name	Address	Contact Information
New York State Health Facilities Association	American Health Care Association		Chris Condeelis Tel: 202-898-2810 Email: ccondeelis@ahca.org
Care Providers of Minnesota	Self	2850 Metro Dr Suite 200 Bloomington, MA 55425-1421	Pamela Guyer, Director Tel: 952-851-2485 Email: pguyer@careproviders.org
New York State Health Facilities Association	Catholic Health East	Our Lady of Mercy Life Guiderland, NY Catholic Health East facility	Wes Hale, Administrator Tel: 518-464-8100
Connecticut Association of Not-for-profit Providers for the Aging	Connecticut Long-term Alliance		Mary Ellen Tolis Tel: 860-293-2043 Fax: 860-953-6741 Elaine Buccellato, Masonicare Tel: 203-679-6264 Fax: 203-679-6454 Email: ebuccellato@masonicare.org
Indiana Association of Homes & Services for the Aging	Self	PO Box 68829 Indianapolis, IN 46268-0829	Linda Woolley Tel: 317-733-2380 Fax: 317-733-2385 Email: lwoolley@iahsa.com
Kansas Association of Homes & Services for the Aging	NRECA Market Research	5601 South 27th Street Suite 201 Lincoln, NE 68512	Dr. Bernie Galina Tel: 402-421-7135 Fax: 402-421-7169 Email: Mktsch@inetnebr.com
N/A	Parkside Associates	205 West Touhy Avenue Suite 204 Park Ridge, IL 60068-4282	Tina Cooper, MA Tel: 847-698-4804 or 847-698-9866 Fax: 847-698-6875 Email: Parkside.sales@advocatehealth.com
Kansas Association of Homes & Services for the Aging, in addition to a direct response from the individual company	Life Services Network of Illinois	911 N. Elm Street Suite 228 Hinsdale, IL 60521	Donna Munroe, PhD, RN Tel: 630-325-6170 Fax: 630-325-0479
Kansas Association of Homes & Services for the Aging	Resident Experience and Assessment of Life	8380 Melrose Avenue Suite 309 Los Angeles, CA 90069	Maureen Hirsch, Project Director Tel: 888-848-2511 Fax: 323-653-0123 Website: www.vitalresearch.com

**Table 1.** Sorted by nursing home name

Association - Reponded to Inquiry	Submitted Organization Name	Address	Contact Information
Texas Association of Homes and Services for the Aging	Texas Department of Human Services		Dr. Leslie Cortes Tel: 512-438-2567 Email: leslie.cortes@dhs.state.tx.us
West Virginia Health Care Association	Self		

## Appendix 5

**This section presents a selection of tested questions from research conducted by V. Tellis-Nayak, Ph.D.**

- These are items that are ready-to-use, as well as ideas to generate nursing-home specific questions.
- It is very important to note that most of these items were gleaned and edited from existing questionnaires. Legal guidance may be sought as needed. These items are deemed to have surface validity. But rigorous testing may be required depending on the purpose of the survey they are used for.

**3. Note:** In the list below *the italicized items within brackets* are additional similar questions that can be created. On occasion they are alternative ways to recast that question. Repetitious questions offer different ways of formulating an idea.

- The survey items are designed to be answered by residents (or by family and friends answering on behalf of the resident).. A few items are for families. The items could be appropriately re-worded if used to survey families.
- Most items are designed for these responses:  
1=Strongly disagree    2=Disagree    3=Neither agree nor disagree  
4=Agree    5=Strongly agree.

### BACKGROUND AND DEMOGRAPHICS

1. Who assisted you, the resident, in completing this survey?  
*1. No one    2. Family, relative or friend    3. Volunteer    4. Staff    5. Other*
2. Your gender: *1. Male    2. Female*
3. How old were you on your last birthday?  
*1. 49 years or less    2. 50-59 years    3. 60-64 years    4. 65-69 years    5. 70-74 years    6. 75-79 years    7. 80 or more*
4. Your highest level of education:  
*1. 8th grade or less    2. Less than HS    3. HS    4. Some college    5. College    6. Any post graduate.*
5. Your marital status:  
*1. Married    2. Widowed    3. Separated    4. Divorced    5. Never married*
6. Your personal income:  
*1. Less than \$20,000    2. \$20,000 - \$39,999    3. \$40,000 - \$59,999    4. \$60,000 - \$79,999    5. \$80,000 or more*
7. Your ethnic background:  
*1. Black/African-American    2. White/Caucasian    3. Asian/Oriental or Pacific Islander    4. American Indian or Alaskan Native    5. Spanish/Hispanic    6. Other*



8. What is the primary source of payment for nursing home expense?  
*1.Private funds 2. Insurance 3. Medicaid 4. Medicare 5. HMO/PPO 6. Other*
9. Why did you choose this nursing home?  
*1. Location 2. Good reputation 3. Doctor's or hospital's recommendation 4. Relative's or friend's recommendation 5. Insurance requirement 6. Other*
10. How many other nursing homes did you or family visit before choosing this nursing home?  
 #\_\_\_\_
11. How long have you resided this nursing home? *Years*\_\_\_\_ *Months*\_\_\_\_
12. How often does your family (or guardian) visit the nursing home?  
*1.Almost daily 2. Once a week or more 3. About once a month or more 4. About once in 3 months 5.Less than once in 3 months*
13. How is the resident related to you (i.e., family)?  
*1. Spouse; 2. parent; 3. sibling; 4. other relative; friend; 5. other.*

## SUMMARY AND OVERVIEW QUESTIONS

Please answer:

**1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree.**

### General

14. Overall, I am satisfied with this nursing home.
15. I would recommend this nursing home to others.
16. Life in this nursing home is better than I expected when I first came.
17. If I had to choose again, I would choose this nursing home.

### Open-ended

18. What two things do you like best about this nursing home?
19. What two things would you like to be improved most in this nursing home?
20. List any programs or changes you would like to see in this nursing home.
21. Add any other comments or suggestions you may have.
22. Name 2 staff who deserve special recognition. Say why.
23. Name 2 managers who deserve special recognition. Say why.
24. How would you rate the following:
  1. *Very poor;* 2. *Poor;* 3. *Average;* 4. *Good;* 5. *Excellent*
  - caring atmosphere
  - living environment
  - quality of care you receive
  - respect and dignity with which you are treated
  - nurses who care for you
  - nurse aides who care for you
  - therapist(s) who treats you
  - doctor(s) who treats you
  - activities offered

- religious or spiritual services
- social workers in the nursing home
- treatment of family
- housekeeping services
- laundry services
- food service
- administrator
- director of nurses
- mail service
- billing.

25. If you would like us to contact you, please write down your name and phone number.

Please answer:

***1=Strongly disagree; 2=Disagree; 3=Neither agree nor disagree; 4=Agree; 5=Strongly agree.***

### **Activities**

26. This nursing home offers appropriate types of activities.
27. This nursing home offers a good variety of activities (*recreational activities, educational activities, social activities, spiritual activities*).
28. This nursing home offers good outings (*community activities*).
29. I am helped to participate in activities.
30. I have opportunity to go outdoors (*to go out in the community*).
31. Activities, which this nursing home offers, meet my individual needs (*physical needs, spiritual needs, social needs, emotional needs*).
32. Volunteers (*visitors*) from community come to do things with residents.
33. Variety of reading material is available.
34. Variety of reading material in large print is available.
35. Overall, I am satisfied with the activities offered.

### **Admission**

36. I felt welcomed by when I first moved in.
37. I felt welcomed by staff (managers, residents) when I first moved in.
38. I felt well informed about nursing-home life when I first moved in.
39. I felt well informed as to whom to ask for help when I first moved in.
40. Pre-admission preparation was satisfactory.
41. Admission staff were courteous.
42. Admission process was satisfactory (was not complicated).
43. I (family) had opportunity to ask questions.
44. All my (family's) questions were answered.
45. I got adequate help (guidance) during admission.
46. At admission my rights and responsibilities were explained to me.
47. I got adequate help (guidance) during hospitalization (during readmission, during discharge planning).
48. Overall, I am satisfied with the admission process in this nursing home.

### **Family and friends**

49. This nursing home is sensitive to the needs of the family.
50. Family and friends are treated with understanding.
51. Family's questions about care are satisfactorily answered (*in a timely manner*).
52. Family is informed about medical treatments (*tests, equipment ordered*).

53. Family gets updates on my condition.
54. Family knows whom to contact with questions.
55. Family is encouraged to participate in care.
56. Staff communicates well with the family.
57. Visiting hours are flexible and convenient.
58. Overall, I am satisfied with how my family and friends are treated here.

### **Food**

59. Food is good (*tasty, satisfying, looks appealing*).
60. Food is well prepared.
61. Food is presented attractively.
62. Menu offers variety (*choices*).
63. Meals are served on time.
64. Food is served as hot or cold as it should be.
65. I can eat with persons I want.
66. Dining area is a pleasant place to eat in.
67. Dining atmosphere is satisfactory.
68. Food servers are pleasant.
69. Staff help residents at mealtimes as needed.
70. I can obtain between-meal snacks and beverages.
71. My dietary restrictions (*nutritional needs*) are followed.
72. My food preferences are met.
73. I have enough time to finish my meals.
74. Overall, I am satisfied the way meals are served.

### **Laundry services**

75. Personal laundry is properly done.
76. Personal laundry is returned on time.
77. Personal laundry is rarely lost.
78. I have adequate supply of clean and fresh linens.
79. Overall, I am satisfied with the laundry services.

### **Management**

80. Administrator (*Director of nursing, Social worker*) is accessible.
81. Administrator (*Director of nursing, Social worker*) shows a caring attitude.
82. Managers take action on complaints.
83. Managers respond to concerns (*complaints*).
84. Managers are willing to discuss problems with residents (*with families*).
85. When I have a concern I know who to go to for help.
86. When I have a complaint, something is done about it.
87. The administration spends money wisely.
88. Billing office is efficient (*helpful, understanding, courteous*).
89. Bills and fees are easy to understand.
90. Bills and fees are appropriate.
91. Receptionist answers phone courteously.
92. Overall, I am satisfied with the management.

### **Medical care**

- 93. I have easy access to my doctor.
- 94. When needed, a doctor sees me promptly.
- 95. My doctor makes regular checkups.
- 96. My doctor participates in my care planning.
- 97. My doctor treats me with dignity and respect.
- 98. My medical treatment is handled with skill.
- 99. My medical treatment is handled with care.
- 100. I am satisfied with the lab and x-ray services.
- 101. My dental (*vision, hearing*) needs are met.
- 102. I am kept informed about my medical condition.
- 103. I am satisfied with the services of my doctor.
- 104. Overall, I am satisfied with the medical services.

### **Nursing care**

- 105. My nursing care is handled with skill.
- 106. My nursing needs are handled with care.
- 107. Nurses (*nurse aides*) seem to know my condition and treatment program.
- 108. My medications (*treatments*) are properly administered.
- 109. I get my medications (*treatments*) on time.
- 110. My care meets my individual (*physical, emotional*) needs.
- 111. I receive adequate emotional support.
- 112. I receive adequate physical assistance.
- 113. If I am in pain, staff help me as needed.
- 114. Staff adequately explain my condition.
- 115. I am encouraged to participate in my care plans.
- 116. I (*family*) am encouraged to participate in my plan of care.
- 117. I (*family*) am included in care decisions.
- 118. My care helps me keep active and involved.
- 119. Overall, I am satisfied with nursing care.

### **Physical environment and maintenance**

- 120. This nursing home has a “homelike” atmosphere.
- 121. The nursing home is cheerful and bright (*comfortable, peaceful*).
- 122. The nursing home smells clean.
- 123. The nursing home is free from lingering odors.
- 124. The nursing home is clean and tidy.
- 125. The amount noise around here bothers me.
- 126. Noise disturbs my sleep at night.
- 127. The building is well maintained.
- 128. The grounds are well maintained.
- 129. Helpful equipment (like wheelchairs, walkers etc.) is available.
- 130. Equipment is in good condition.
- 131. Nursing home environment is safe and secure.
- 132. Nursing home environment accommodates those with physical limitations.
- 133. I am confident that emergency situations will be handled well.
- 134. Lighting is comfortable and non-glaring.
- 135. My room is the way I would like it to be.

- 136. My room is kept clean and neat.
- 137. My room's temperature and ventilation suit me well.
- 138. My room is comfortable.
- 139. I can personalize my room.
- 140. Personal storage space is adequate
- 141. My requests for repairs are attended to in a timely manner.
- 142. My personal belongings are safe.
- 143. Maintenance staff are skilled.
- 144. Maintenance staff are courteous.
- 145. Housekeeping staff are skilled.
- 146. Housekeeping staff are courteous.
- 147. I am satisfied with my room.
- 148. Overall, I am satisfied with the way the nursing home is maintained.

### **Quality of life**

#### Choice

- 149. I have a choice about my daily schedule.
- 150. I can decide when to get up in the morning.
- 151. I can decide when to eat.
- 152. I can decide what clothing to wear.
- 153. I can decide when to shower/bathe.
- 154. I can get as many showers/baths as I want.
- 155. I can decide when to go to bed.
- 156. I can be alone here, if I wish
- 157. I can get a change in care, if request.
- 158. I can get a change in roommate if I request.
- 159. I am asked permission to be moved to a different room.
- 160. Overall, my preferences (*likes and dislikes*) are respected.

#### Privacy

- 161. I have enough privacy.
- 162. I have privacy with my visitors.
- 163. Staff knock on the door before entering my room.
- 164. Overall, my privacy is respected.

#### Individuality-autonomy

- 165. I receive personal attention.
- 166. I can keep my personal possessions in my room.
- 167. I am helped to be as independent as my health allows.
- 168. Staff respect my personal space.
- 169. Staff honor my confidentiality.

#### Dignity

- 170. My personal grooming needs are met.
- 171. Proper standards are maintained when I bathe (*get groomed, get dressed*).
- 172. Staff ensure my modesty.
- 173. Staff care about my personal appearance.
- 174. I do not have to wait long for help for toileting.

175. I am treated with dignity and respect.

#### Personal rights

176. I (*family*) get adequate information on my condition.

177. Staff answers all my questions.

178. I am respected/treated like an adult.

179. The resident handbook is available to me.

180. I receive mail in a timely manner.

#### Safety

181. I feel safe and secure here.

182. My personal belongings are safe here.

183. My belongings do not usually disappear.

#### Social relations

184. I am not left alone too much, if I don't want to.

185. I don't usually feel lonely.

186. Life is not boring here.

#### Other

187. I am satisfied with my roommate.

188. Religious services are adequate.

189. My religious (*spiritual*) needs are met.

190. I can get religious or spiritual help.

191. Barber/beauty shop services are available.

### **Staff**

#### Staffing and competence

192. This nursing home has sufficient staff during day shift (*evening shift, night shift, weekends*).

193. New people work here all the time.

194. Nurse aides like their jobs.

195. Staff appear neat and professional.

196. I understand staff when they talk to me.

197. Staff seem to know my condition and treatment program.

198. Nursing staff know what they are doing.

199. Staff are safety conscious.

200. Staff seem to be competent.

201. Nursing staff have proper skills.

202. Staff inform me about my condition (*medication, exercises, personal care*).

203. Nurses are well trained.

204. I get expert care.

#### Staff interaction

205. Staff are never abusive (*mentally abusive, physically abusive, verbally abusive*).

206. Staff are not inappropriate in conduct and conversation.

207. Staff listen to what I say.

208. Staff take time to listen to me.

209. Staff take time to talk with me.

210. Staff spend time with me.

- 211. Staff take time to hold my hand or put their arm around me.
- 212. Staff treat me with dignity and respect.
- 213. Staff understand how I feel.
- 214. Staff care about me as a person.
- 215. Staff show a personal interest in me.
- 216. Staff seem concerned about me.
- 217. Staff are patient.
- 218. Staff deal honestly with me.
- 219. Nurse aides are respectful.
- 220. Nurses are respectful.
- 221. Staff are respectful.
- 222. Staff are courteous.
- 223. Staff treat me like an adult.
- 224. Staff address me by name.
- 225. Staff are attentive to me.
- 226. Nursing staff are compassionate
- 227. Staff respond promptly when I call for assistance.
- 228. I get satisfactory answers to questions from staff.
- 229. When I have a complaint, something is done about it.
- 230. Staff respond to my concerns.
- 231. Staff respond to my concerns in a reasonable time.
- 232. Staff generally follow-up on my concerns.
- 233. Somebody usually answers my call bell (*promptly*).
- 234. Care is good on day shift (*evening shift night shift*).
- 235. If I were injured staff would know.
- 236. I feel comfortable sharing personal concerns with staff.
- 237. I know who to go to if I have a problem with a nurse aide.
- 238. Overall, I am satisfied with the way staff treat me.

### **Therapy**

- 239. I (*family*) am consulted about activities.
- 240. Physical (*speech, occupational*) therapist gives individualized therapy.
- 241. My therapy is adequately explained to me.
- 242. Therapist answer my questions well.
- 243. Overall, I am satisfied with therapy services.
- 244. Overall, I am satisfied with restorative care.

## Appendix 6

### Results of Environmental Scan: Rhode Island

**Table 2.** Sorted by nursing home name

			Does this facility currently collect resident satisfaction information?		
Nursing Home Name	Town	Responded to Quality Partners Questionnaire	Yes	No	In development
Alpine Nursing Home, Inc.	Coventry				
Avalon Nursing Home, Inc.	Warwick	x		x	
Ballou Home for the Aged	Woonsocket	x		x	
Bannister Health & Rehabilitation Center	Providence				
Bay Tower Nursing Center	Providence	x	x		
Bayberry Commons	Burrillville				
Berkshire Place	Providence	x			x
Bethany Home of Rhode Island	Providence	x	x		
Brentwood Nursing Home, Inc.	Warwick	x	x		
Briarcliffe Manor	Johnston	x	x		
Brookside Villa	Coventry				
Carties Health Center	Central Falls	x	x		
Cedar Crest Nursing Centre, Inc	Cranston	x	x		
Charlesgate Nursing Center	Providence	x	x		
Cherry Hill Manor	Johnston	x	x		
Clipper Home	Westerly	x	x		
Cortland Place	Smithfield				
Cra-mar Nursing Home	Cranston				
Crestwood Nursing & Conv Home, Inc.	Warren	x		x	
Desilets Nursing Home, Inc.	Warren	x		x	
Eastgate Nursing & Recovery Ctr, Inc.	East Providence	x	x		
Elmhurst Extended Care Facility	Providence				
Elmwood Health Center	Providence	x	x		
Emerald Bay Manor	Cumberland	x	x		
Epoch Senior Health Care	Providence				
Evergreen House Health Center	East Providence				
Forest Farm Health Care Centre, Inc	Middletown	x	x		
Friendly Home	Woonsocket				
Golden Crest Nursing Centre, Inc.	North Providence				
Grace Barker Nursing Center, Inc.	Warren	x	x		
Grand Islander Center	Middletown	x	x		
Grandview Center	Cumberland	x	x		
Hallworth House	Providence	x	x		
Harborside Healthcare/Pawtuxet Village Rehab, Inc.	Warwick	x	x		
Harborside/Greenwood Rehab	Warwick	x	x		
Harris Health Care Center-North	Central Falls	x	x		
Harris Health Center, LLC	East Providence	x	x		
Harris Manor at Chopmist Hill	Scituate	x	x		
Hattie Ide Chaffee Home	East Providence				



## Results of Environmental Scan: Rhode Island

**Table 2.** Sorted by nursing home name

			Does this facility currently collect resident satisfaction information?		
Nursing Home Name	Town	Responded to Quality Partners Questionnaire	Yes	No	In development
Health Havens Nursing and Rehab Center	East Providence				
Heatherwood Nursing & Subacute Center, Inc.	Newport				
Heberts Nursing Home, Inc.	Smithfield				
Heritage Hills Nursing Centre	Smithfield	x	x		
Hillside Health Center	Providence	x		x	
Holiday Retirement Home, Inc.	Lincoln	x		x	
Hopkins Manor Ltd.	North Providence	x	x		
Hospice Care of RI (Philip Hulitar Inpatient Center)	Providence				
Jeanne Jugan Residence	Pawtucket	x		x	
John Clarke Retirement Center	Middletown	x		x	
Kent Regency	Warwick	x	x		
Laurel Healthcare Center	Coventry				
Metacom Manor Health Center	Bristol	x	x		
Morgan Health Center	Johnston	x	x		
Mt St Francis Health Center	Woonsocket	x	x		
Mt. St. Rita Health Center	Cumberland				
Nancy Ann Nursing Home, Inc.	Foster				
Newport Hospital D/B/A Vanderbilt Rehab Center	Newport	x	x		
North Bay Manor	Smithfield	x	x		
Oak Hill Nursing and Rehabilitation Center	Pawtucket				
Oakland Grove Health Care Center	Woonsocket	x	x		
Orchard View Manor Nursing and Rehab Center	East Providence	x	x		
Overlook Nursing and Rehabilitation Center	Burrillville	x	x		
Park View Nursing Home	Providence	x		x	
Pine Grove Health Center	Burrillville	x	x		
Rhode Island Veterans Home	Bristol	x	x		
Riverside Nursing Home, Inc.	East Providence	x		x	
Riverview Healthcare Community	Coventry	x	x		
Roberts Health Centre, Inc.	North Kingstown	x	x		
Roger Williams Hospital	Providence				
Rosewood Manor LTD	Providence	x		x	
Sakonnet Bay Manor	Tiverton				
Scalabrini Villa	North Kingstown	x	x		
Scallop Shell Nursing Home, Inc.	South Kingstown	x	x		
Scandinavian Home, Inc.	Cranston	x	x		
Shady Acres, Inc.	South Kingstown	x	x		
Silver Creek Manor	Bristol	x	x		
Slater Health Center, Inc.	Pawtucket	x	x		
South Bay Manor	South Kingstown	x	x		
South County Nursing & Subacute Ctr, Inc.	North Kingstown	x	x		
South Kingstown Nursing & Rehab Center	South Kingstown				
St Clares Home for the Aged	Newport	x	x		

## Results of Environmental Scan: Rhode Island

**Table 2.** Sorted by nursing home name

			Does this facility currently collect resident satisfaction information?		
Nursing Home Name	Town	Responded to Quality Partners Questionnaire	Yes	No	In development
St. Antoine Residence	North Smithfield	x	x		
St. Elizabeth Home	East Greenwich	x	x		
St. Joseph Hospital for Specialty Care	Providence	x	x		
Steere Nursing & Rehabilitation Center	Providence	x	x		
Summit Medical Center, Inc.	Providence				
Sunny View Nursing Home	Warwick				
The Mansion	Central Falls	x		x	
Tockwotton Home	Providence	x	x		
United Methodist Health Care Center	East Providence	x			x
Village at Waterman Lake	Smithfield	x	x		
Village House Convalescent Home, Inc.	Newport				
Watch Hill Manor, Ltd.	Westerly	x	x		
Waterview Villa	East Providence	x	x		
West Shore Health Center	Warwick				
West View Health Care Center	West Warwick	x	x		
Westerly Health Center	Westerly				
Westerly Nursing Home, Inc.	Westerly	x		x	
Wildflowers Healthcare by the Water	Smithfield	x	x		
Woodland Convalescent Center, Inc.	North Smithfield	x		x	
Woodpecker Hill	Coventry				
Woonsocket Health Centre	Woonsocket				
<b>Totals</b>		<b>72</b>	<b>56</b>	<b>14</b>	<b>2</b>

## Appendix 7

### Quality Partners of Rhode Island Nursing Home Resident or Family Satisfaction Tool Questionnaire

1. Does your nursing home collect resident satisfaction information?  
☐ No (Stop here. Please complete contact information and return.) ☐ Yes (Go to #2)
2. Does your nursing home use a different questionnaire for different types of residents? *Check all that apply*  
☐ Post acute residents/families ☐ Dementia residents/family ☐ No  
☐ Long term care residents/families ☐ Other (Specify): \_\_\_\_\_
3. What type of resident satisfaction questionnaire does your facility use? *Please attach a copy of satisfaction questionnaire.*  
☐ A tool created by your nursing home  
☐ A tool created at the corporate level  
☐ A tool created by an outside company (Specify): \_\_\_\_\_  
☐ Other (Specify): \_\_\_\_\_
4. Is your nursing home's questionnaire available in a language besides English?  
☐ No ☐ Yes (Specify): \_\_\_\_\_
5. Who receives your resident satisfaction questionnaire? *Check all that apply*  
☐ Current residents ☐ Discharged residents ☐ Family members ☐ Other (Specify): \_\_\_\_\_
6. Are there any residents who do not receive your nursing home's questionnaire? *Check all that apply*  
☐ Residents/families who do not speak English ☐ Residents with dementia  
☐ Families of residents who have died ☐ Other (Specify): \_\_\_\_\_
7. How many residents/families does your nursing home select to receive a questionnaire?  
☐ All residents & family members  
☐ Some residents and family members (How many?): \_\_\_\_\_  
☐ Other (Specify): \_\_\_\_\_

8. What is the return rate (%) of the questionnaire? \_\_\_\_\_
9. How often are questionnaires distributed to residents/families to complete?  
☐ Annually      ☐ Quarterly      ☐ Monthly      ☐ Other (Specify): \_\_\_\_\_
10. How is your nursing home's questionnaire completed?  
☐ Telephone      ☐ Mail      ☐ In person      ☐ Other (Specify): \_\_\_\_\_
11. Does your nursing home use an outside service (not nursing home staff) for collecting resident satisfaction information?  
☐ No      ☐ Yes (Specify): \_\_\_\_\_
12. How does your nursing home use resident satisfaction information? *Check all that apply*  
☐ Part of quality improvement program      ☐ Report to public  
☐ Report to board of directors      ☐ Marketing  
☐ Feedback to staff      ☐ Other (Specify): \_\_\_\_\_

## Contact Information

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Organization Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip code \_\_\_\_\_

If you have questions, contact **Paula Mottshaw at Quality Partners of Rhode Island**, by telephone (401-528-3258) or E-mail ([ripro.pmottshaw@sdps.org](mailto:ripro.pmottshaw@sdps.org)). **Thank you for taking the time to complete!**

**Please return this survey in the envelope provided or fax (401-528-3211).**

**If you answered yes to question 1, please include a copy of**  
**your resident satisfaction questionnaire.**



Health Quality Performance Measurement

RHODE ISLAND DEPARTMENT OF HEALTH

PATRICIA A. NOLAN, MD, MPH, DIRECTOR OF HEALTH

DONALD CARCIERI, GOVERNOR